Pledge Form

International Catacomb Society

Bridging Disciplines • Supporting Scholarship • Connecting the Public

Donor Information (please print or type)

Name

Billing address

City, ST Zip Code

Phone 1 | Phone 2

Email

Pledge Information

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: ☐now ☐monthly ☐quarterly ☐yearly.

I (we) plan to make this contribution in the form of: ☐cash ☐check ☐credit card ☐other.

Credit card type | Exp. date

Credit card number

Authorized signature

Gift will be matched by (company/family/foundation)

☐form enclosed☐form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

☐I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

International Catacomb Society

217 Hanover Street, Suite 130413

Boston, MA 02113